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PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TRADE                                  | Pate | ent and T              | rademark Office: U                                  | J.S. DEPARTM                                                                                                                    | ENT OF COMMERCE |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------|------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| 0001/PTO<br>Rev. 10/95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | U.S. Department of<br>Patent and Trade |      | Applica                | ition Number                                        | 09/694,619                                                                                                                      |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |      | Filing Date            |                                                     | October 21, 2000                                                                                                                |                 |  |
| TRANSMITTAL FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |      | First Named Inventor   |                                                     | Jan Fandrianto                                                                                                                  |                 |  |
| (to be used for all correspondence during pendency of filed application)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |      | Group Art Unit Number  |                                                     | not yet known                                                                                                                   |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |      | Examiner Name          |                                                     | not yet known not yet known KTI-005 (5711)                                                                                      |                 |  |
| Total Number of Pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | es in This Submission                  | 2    | Attorney Docket Number |                                                     | KTI-005 (571                                                                                                                    | 1) 3            |  |
| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| Fee Transmittal Form (in duplicate) Check Enclosed  Return Receipt Postcard Response to Notice to File Missing Parts Assignment & Recordation Cover Sheet Declaration Small Entity Statement Information Disclosure Statement & PTO-1449 Copies of IDS Cited References Request for Corrected Filing Receipt Request for Correction of Recorded Assignment Amendment/Response: [ ] Page(s) After Final Status Request Revocation and Power of Attorney                                                            |                                        |      |                        | Issue Fee Transi Letter to Chief Di Formal Drawing( | e Fee Transmittal r to Chief Draftsperson al Drawing(s): [ ] Sheet(s) of Figure(s) [ ] al Communication to Board of Appeals and |                 |  |
| REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| SIGNATURE OF ATTORNEY OR AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| Signature: Steep M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| Attorney/Reg. No.: Greg T. Sueoka / Reg. No.: 33,800                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |      |                        |                                                     | Dated:                                                                                                                          | 2/19/01         |  |
| CERTIFICATE OF MAILING  I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, the Abis correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to a CFR 1.10. |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| Typed or Printed Name: Greg T. Sueoka Dated: 2/1.4/5)                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |      |                        |                                                     |                                                                                                                                 |                 |  |
| Everence Mail Mailing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Number (entional)                      |      |                        |                                                     |                                                                                                                                 | / //            |  |